



## FIRE MARSHALS OFFICE LICENSE APPLICATION

### Return plans, application and fees to:

Round Rock Fire Department  
Fire Marshal's Office  
203 Commerce Blvd.  
Round Rock, TX. 78664  
512.218.6628 (O)  
512.218.5594 (F)

### Check type of permit requested

- ☐ Day Care --\$50.00
- ☐ Foster / Adoptive Care--\$50
- ☐ Hospital --\$1.00 per bed
- ☐ Nursing Home --\$1.00 per bed
- ☐ Assisted Living --\$1.00 per bed

Applicant Name: \_\_\_\_\_ (print)

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Responsible Managing Employee Name: \_\_\_\_\_

Applicant Occup Lic # or Tx DL # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone (Work): \_\_\_\_\_ (Fax) \_\_\_\_\_

Job Address \_\_\_\_\_

Type of work to be done \_\_\_\_\_

Total number of beds if applicable \_\_\_\_\_

By my signature, I am acknowledging that I am the responsible party in charge or duly authorized representative of the permittee. I also understand that I/company must abide by all of the rules and ordinances of the City of Round Rock, State and Federal laws. All of the information listed in this application is complete and true. I understand that at any time conditions are unsafe or not in compliance with the listed conditions or conditions on-site become unsafe, that any permit, if issued, can be revoked by the City of Round Rock. A complete application is not a permit, nor is it conditional that a permit be issued. All fees shall be paid prior to the work and in full. I/company shall maintain our own insurance and coverage assuming all liabilities potential and unknown. I also understand that this application is not inclusive and other permits may be required by other departments and entities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Do not write below this line

### OFFICE OF THE FIRE MARSHAL - LICENSE

License Fee: \_\_\_\_\_ Pd: Date \_\_\_\_\_ Check # \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_